STATE OF COLORADO TRAFFIC ACCIDENT REPORT MAIL TO: State of Colorado Motor Vehicle Division Traffic Records ☐ AMENDED/SUPPLEMENTAL REPORT ☐ UNDER \$1,000 ACCIDENT Denver CO 80261-0016 Line up to upper left corner of CDOT code "block" A. LOCATION K. VEHICLE TYPE On-roadway Ran off left side Ran off "T" intersection School bus (less than 15 people) Non-school bus (less than 15 Passenger car/Passenger van Divided highway - on other Passenger car/passenger van w/trailer 9 3 Ran off right side roadway Pickup truck/utility van people) Motorcycle Pickup truck/utility van w/trailer 10 FIRST HARMFUL EVENT 5 Truck - self contained (gross vehicle Bicycle weight 10,000 lbs or less) Motorized bicycle NON-COLLISION ACCIDENT **COLLISION WITH OTHER OBJECT** 6 Trucks over 10,000 lbs & buses over Farm equipment Overturning Light pole/utility pole 15 passengers (complete DR 447A) Hit & run - unknown 19 Traffic signal pole COLLISION WITH PEDESTRIAN Motor home Other (describe in narrative) 20 Sign School age to/from school Bridge rail **DIRECTION OF TRAVEL** Guard rail Median barrier **COLLISION WITH OTHER VEHICLE** North 5 South Parked motor vehicle 24 Bridge abutment Northeast Southwest 13 Railway vehicle 25 Column or pier 3 Fast Bicycle West Culvert or headwall Southeast Northwest 8 15 Motorized bicycle Embankment 40 Road maintenance equipment Curb COLLISION WITH MOTOR VEHICLE Delineator post VEHICLE MOVEMENT IN TRANSPORT Fence Going straight Entering/leaving parked position Broadside Tree Slowing 10 Starting in traffic Full impact - opposite direction (head-on) Large boulder Stopped in traffic Parked Full impact - same direction (rear end) Partial impact - same dir. (sideswipe) 33 Rocks in roadway Making right turn 12 Changing lanes 34 Making left turn 13 Avoiding object in roadway Partial impact - opposite dir. (sideswipe) 35 Wall/building Making U-turn Weaving 10 Approach turn 36 Crash cushion Other (describe in narrative) Overtaking turn 15 37 Mailbox Backing **COLLISION WITH ANIMAL** Other fixed object 38 Domestic (specify in narrative) N 17 Wild 39 Other object N. N/A (specify in narrative) D. ROAD DESCRIPTION N/A At intersection At driveway access Non-intersection RURAL 6 Intersection related Highway interchange Q. SPEED DATA Non-intersection URBAN Speed limit/estimated driving speed E. **ROAD CONTOUR** \Diamond Straight on-level Curve on-grade Straight on-grade 5 Hillcrest **DRIVER - MOST APPARENT HUMAN** Curve on-level **CONTRIBUTING FACTOR** (Officer opinion only) F. **ROAD SURFACE** No apparent contributing factor Driver preoccupied Asleep at the wheel Concrete Driver unfamiliar with area 5 Dirt Illness Driver emotionally upset Blacktop (bituminous) Other Distracted by passenger 10 Evading law enforcement officer Brick or block Unknown Driver inexperience 5 Gravel, slag or stone Physical disability 6 Driver fatigue G. **ROAD CONDITION** S. BY PEDESTRIAN ACTION Foreign material Cross against signal Wet Dry w/visible icy road treatment Walking in roadway with traffic \Diamond Cross/enter at intersection Cross/enter NOT at intersection Walking in roadway against traffic Entering/exiting vehicle Muddy 28 Wet w/visible icy road treatment Snowy Snowy w/visible icy road treatment Icy w/visible icy road treatment 48 Standing in roadway 10 Pushing/working on vehicle Lying in roadway 58 6 5 Playing in roadway 68 Slushy w/visible icy road treatment Soliciting rides Other (describe in narrative) LIGHTING CONDITION Daylight BY CONDITION OF DRIVER/PEDESTRIAN Dark - lighted Dawn or dusk Dark - unlighted (Officer opinion only) No impairment suspected **ADVERSE WEATHER CONDITION** Illegal drugs involved Alcohol and drugs involved J. Alcohol involved None Fog RX drugs or medication involved 6 Driver/pedestrian not observed Dust Snow/sleet/hail Line up to VEH # "block" AA - Vehicle # (as listed above) 14 BB - Position in/on vehicle See diagram 3 6 9 CC - Occupant restraint use 10/11 13 2 No 3 Child safety 2 5 8 **DD** - Ejection 12 7 4 1 Yes 2 No 3 Extricated **EE - Cycle protection** 14 2 Helmet and eye protection 3 Helmet only 4 Eye protection only 2-9 Passengers 5 Bicycle helmet (bicycleonly) Other ENCLOSED passenger/cargo area Other UNENCLOSED passenger/cargo area FF - Injury severity Sleeper section of truck cab 1 No injury 2 Possible injur 3 Evident, non-incompacitating 2 Possible injury Riding/hanging to exterior 4 Evident, incompacitating 5 Fatal Pedestrian GG - Age HH - Sex II - Name/Address

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

□ AMENDED/SUPPLEMENTAL REPORT □ UNDER \$1,000 ACCIDENT

DR 447 (REV 1/97)

MAIL TO: State of Colorado Motor Vehicle Division Traffic Records Denver, CO 80261-0016

| DR 447 (REV 1/97) | | | | | | | | | | | | | SHEET_ | OF | SHEETS |
|------------------------------|-----------------------|--------------|--------------|--------|-----------------------|-----------------------------|-----------|-----------|----------|------------|--------------|-----------|---------|-----------|---------------------|
| CDOT CODE | | | | | AGENC' | Y CODE | | | | DOR CC | DE | | | | |
| | | | | | | | | | | | | | | | |
| DATE OF ACCIDENT | | | CITY | | | | A | GENCY | | | | CC | UNTY | | |
| TIME | ME OFFICER NUMBER | | | OFFICE | R NAME | | SIGNATURE | | | | | DETAIL | | | |
| NUMBER KILLED | NUMBER INJU | IRED | | | | | | | | | | 5 | | | |
| | TYOMBETT INOO | | LOCATIO | ON RO | OUTE, STR | REET, ROAD | _ | MILES | SF | EET 🗆 N | □ E | os o | W | OF: | |
| DATE OF REPORT | | | | | | | | | □ AT: | | | | | | |
| INVESTIGATED @ TOTA SCENE | L VEHICLES | DISTRICT | NUMBER | | BLIC PROPER PLOYEE | RTY PHOTOS T | AKEN | RAILROAD | CROSSING | CONST. ZON | Ξ (| ON BRIDGE | | INCOMPLE | TE REPORT |
| | | | | | | | T | | | | | | | | |
| VEH #1 OR | BICYCLE # | | PEDEST | TRIAN | # | PARKED | VEH #2 C | | BICY | 'CLE # | | PEDESTRI | AN # | PAR | |
| LAST NAME | | | FIRST | | | MI | LAST NA | ME | | | | FIRST | | | MI |
| STREET ADDRESS | | | | R | ES. PHONE | E | STREET | ADDRESS | | | | | RES. PI | HONE | |
| CITY | | STATE | ZIP | В | US. PHONE | Ξ , | CITY | | | | STATE ZIP BU | | | US. PHONE | |
| DRIVERS LIC. NUMBER | | | STAT | E SI | EX DOB | | DRIVERS | LIC. NUM | IBER | | | STATE | SEX D |) OB | |
| PRIMARY VIOLATION | | | | - 1 | | | DDIMADY | VIOLATI | | | | | | | |
| | | | | | | | PRIMARY | VIOLATIO | JIN | | | | | | |
| VIOLATION CODE | CITA | AUN NOITA | //BER | | COMMO | ON CODE | VIOLATIO | N CODE | | CITATIO | ON NUMB | ER | CC | OMMON CO | DDE |
| YEAR MAKE | | MODE | L | | BODY | TYPE | YEAR | M. | AKE | | MODEL | | ВС | DDY TYPE | |
| LIC. PLATE NO. | | STATE | | - | COLOR | ? | LIC. PLAT | E NO. | | | STATE | | CC | DLOR | |
| VEHICLE ID NO. | | | | | | | VEHICLE | ID NO. | | | | | | | |
| VEHICLE OWNER LAST | NAME | | FIRST | | | 14.4 | | | ACT NAME | - | | TIDOT. | | | A 41 |
| | IVAIVIL | | | | | MI | | | AST NAME | | | FIRST | | 5 | MI |
| ADDRESS | | | CITY | | STATE | ZIP | ADDRES | S | | | | CITY | S | TATE ZIF | 0 |
| TOWED DUE TO DAMAG BY/TO: | E | | | | | , | TOWED | DUE TO DA | AMAGE 🗖 | | | | | | |
| 51/10. | e | | | | | 1 - SLIGHT | | 51/10 | | | | | | | SLIGHT |
| 3 4 | 5 ;6 | ;7 ; | 8 | | | 2 - MODERATE 3 - EXTREME | 3 | : 4 | ; 5 | :6 : | 7 . 8 | | | | MODERATE EXTREME |
| 2 | 118 | 119 | 9 | | | | 2 | | 7/ | | | | | | |
| 17 | 10 | | 10 | | | | 1 7 | 17 | 18 | | - | 0 | | | |
| 16 | نصبت ٔ | U | 11 | | | | 16 | | | , | <u> </u> | 1 | | | |
| 115 | 14 13 | 112 | | | | | | 15 | 14 | 13 | 2 | | | | |
| INSURANCE CO. | | | | | 20 UN | NDERCARRIAGE | INSURAN | CE CO | | | | | | O UNDERG | CARRIAGE |
| | | | | | LAF. DI | | | | | | | | EX | T. DATE | |
| POLICY NO. | | | | | | | POLICY N | IO. | | | | | | | |
| OWNER DAMAGED PRO | P. LAST NAME | | FIRST | | | MI | OWNER I | DAMAGED | PROP. LA | ST NAME | | FIRST | | | MI |
| ADDRESS | | | CITY | | STATE | ZIP | ADDRESS | 3 | | | | CITY | S | TATE ZIF |) |
| | | MO | TALL T | | | | | | | | | | | | |
| VEH# POS. REST | | M/C PROT. | INJ. SEV. | AGE | SEX | NAME/ADDR | ESS | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | , |
| | | | | | | | | | | | | | | | |
| | | | | | *** | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | tu la vigility in the | | | | 322 37 | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| | | | | 4 . |
|---|--|--|--|--|
| DESCRIBE ACCIDENT | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | art part (part) part (part) part), part (part) part) |
| | | | | |
| | | | | and the second typical typical typical part of the second typical typi |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | and the second s |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | • | | |
| | | | | |
| A THE SECOND CONTRACT AND A SECOND CONTRACT | | n uzan esa Tirakpan esan kara Kara Lupida ya Kiba Konsan ki prancipan ya ya ya kara kiba kiba ma | ana cuma na di Hill Maliya ya Maliya da di mahaliya na dina a gina wana ara na di sepaka na kasa na sepera na m A | nou excellent proporti interes i protes proteste un actual |

STATE OF COLORADO TRAFFIC ACCIDENT REPORT SUPPLEMENTAL DR 447A (1/97) SHEET OF SHEETS CDOT CODE AGENCY CODE DOR CODE DATE OF ACCIDENT AGENCY OFFICER NUMBER OFFICER NAME SIGNATURE DETAIL DATE OF REPORT OF: LOCATION ROUTE, STREET, ROAD MILES _FEET ON OE OS OW VEHICLE # (AS LISTED ON DR 447) □ AT: DRIVERS LAST NAME FIRST CARRIERS IDENTIFICATION NUMBERS CARRIERS NAME US DOT NUMBER STREET ADDRESS ICC MC NUMBER STATE ZIP CODE STATE ID NUMBER STATE SOURCE OF NAME TOTAL NUMBER OF AXLES INCLUDING TRUCK AND TRAILER(S) 1 SIDE OF VEHICLE 2 SHIPPING PAPERS, TRUCK, BUS OR TRIP MANIFEST TRUCK COMBINATIONS 3 DRIVER 20 TK, SELF-CONTAINED 4 LOGBOOK 21 TK. SELF-CONTAINED/TLR HAZARDOUS MATERIAL AND PLACARDING 22 TK, SELF-CONTAINED/TLR/TLR DID VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD ☐ YES □ NO 23 TK, TRACTOR ONLY IF YES 24 TK, TRACTOR/TNK 25 TK, TRACTOR/TNK/TNK 4-DIGIT PLACARD NUMBER OR NAME TAKEN FROM THE MIDDLE OF THE DIAMOND OR 26 TK. TRACTOR/TNK/TNK/TNK FROM THE RECTANGULAR BOX: TK, TRACTOR/SEMI-TRL 28 TK, TRACTOR/SEMI-TRL/TRL 1-DIGIT PLACARD NUMBER TAKEN FROM 29 TK, TRACTOR/SEMI-TRL/TRL/TRL BOTTOM OF DIAMOND: WAS HAZARDOUS CARGO FROM THE PLACARD TRUCK RELEASED? CARGO BODY TYPE (DO NOT COUNT FUEL FROM THE VEHICLE FUEL TANK) □ NO □ YES VAN/ENCLOSED BOX **GROSS VEHICLE WEIGHT** CARGO TANK RATING (GVWR) 3 FLATBED DUMP CONCRETE MIXER SEQUENCE OF EVENTS (FIRST FOUR FOR THIS VEHICLE) AUTO TRANSPORTER 01 RAN OFF ROAD GARBAGE/REFUSE 02 JACKKNIFF BUS SEATING >16 PASSENGERS (Including driver) 03 OVERTURN (ROLLOVER) SCHOOL BUS >15 PASSENGERS (Including driver) 04 DOWNHILL RUNAWAY 10 OTHER (i.e., multiple-body types) 05 CARGO LOSS OR SHIFT COMBINATION VEHICLE DIMENSIONS **EXPLOSION OR FIRE** 07 SEPARATION OF UNITS COLLISION INVOLVING 08 PEDESTRIAN 09 MOTER VEHICLE IN TRANSPORT 10 PARKED MOTER VEHICLE TRAIN 12 PEDALCYCLE 1 TOTAL LENGTH 13 ANIMAL 14 FIXED OBJECT 2 TRAILER WIDTH 15 OTHER OBJECT 16 OTHER EVENT: 3 TRAILER LENGTH (#1) 3 TRAILER LENGTH (#2) 3 TRAILER LENGTH (#3)

COLORADO INVESTIGATOR'S FATAL TRAFFIC ACCIDENT SUPPLEMENTAL REPORT ACCIDENT DATE TIME COUNTY OFFICER NAME/NUMBER SIGNATURE AGENCY CODE **EMERGENCY MEDICAL SERVICES** VEHICLE #1 OR VEHICLE #2 OR (ALL TIMES ARE MILITARY TIME) CRASH AVOIDANCE MANEUVER CRASH AVOIDANCE MANEUVER TIME NOTIFIED TIME ARRIVED @ SCENE, TIME ARRIVED @ 1 NO AVOIDANCE MANEUVER HOSPITAL NO AVOIDANCE MANEUVER BRAKING (skid marks evident) BRAKING (no skid marks, driver stated) BRAKING (skid marks evident) BRAKING (no skid marks, driver stated) BRAKING (other reported evidence) STEERING (evidence or stated) STEERING AND BRAKING (evidence or stated) IF TIMES ARE UNKNOWN PROVIDE NAME OF RESPONDING SERVICES BRAKING (other reported evidence) STEERING (evidence or stated) STEERING AND BRAKING (evidence or stated) OTHER AVOIDANCE MANELIVER 7 OTHER AVOIDANCE MANEUVER VEHICLE DEFECT VEHICLE DEFECT TRAFFICWAY FLOW NO APPARENT CONTRIBUTING FACTORS BRAKES INOPERATIVE/OUT OF ADJUSTMENT 1 NO APPARENT CONTRIBUTING FACTORS BRAKES INOPERATIVE/OUT OF ADJUSTMENT IMPROPER TIRES FOR CONDITIONS SUDDEN TIRE FAILURE 1 NOT DIVIDED (TWO WAY) IMPROPER TIRES FOR CONDITIONS SUDDEN TIRE FAILURE WINDOWS OBSCURED DIVIDED, MEDIAN W/O BARRIER 3 DIVIDED, MEDIAN W/BARRIER 5 WINDOWS OBSCURED 6 INOPERABLE SIGNALING DEVICES 7 DEFECTIVE HEADLIGHTS 8 DEFECTIVE BRAKE/TAIL LIGHTS INOPERABLE SIGNALING DEVICES DEFECTIVE HEADLIGHTS DEFECTIVE BRAKE/TAIL LIGHTS 4 ONE WAY NUMBER OF TRAVEL LANES OTHER CONTRIBUTING FACTOR (describe in accident narrative) 9 OTHER CONTRIBUTING FACTOR (describe in accident narrative) FIRE/HAZARDOUS MATERIALS FIRE/HAZARDOUS MATERIALS INVOLVEMENT INVOLVEMENT TRAFFIC CONTROL DEVICE FUNCTIONING NO FIRE/NO HAZ-MAT CARGO 1 NO FIRE/NO HAZ-MAT CARGO NO FIRE/HAZ-MAT CARGO NOT INVOLVED NO FIRE/HAZ-MAT INCIDENT VEHICLE FIRE/NO HAZ-MAT CARGO NO FIRE/HAZ-MAT CARGO NOT INVOLVED NO FIRE/HAZ-MAT INCIDENT 1 NO CONTROLS 2 NOT FUNCTIONING 4 VEHICLE FIRE/NO HAZ-MAT CARGO 3 FUNCTIONING IMPROPERLY VEHICLE FIRE/HAZ-MAT CARGO NOT INVOLVED 5 VEHICLE FIRE/HAZ-MAT CARGO NOT INVOLVED 6 VEHICLE FIRE/HAZ-MAT INCIDENT 4 FUNCTIONING PROPERLY LIST TYPES OF TRAFFIC CONTROL DEVICES COMPLIANCE WITH LICENSE COMPLIANCE WITH LICENSE RESTRICTIONS (drivers only) RESTRICTIONS (drivers only) 1 NOT RESTRICTED 2 RESTRICTIONS COMPLIED WITH 1 NOT RESTRICTED RESTRICTIONS COMPLIED WITH RESTRICTIONS NOT COMPLIED WITH 3 RESTRICTIONS NOT COMPLIED WITH 4 RESTRICTIONS - COMPLIANCE LINKNOWN 4 RESTRICTIONS - COMPLIANCE UNKNOWN MUST BE COMPLETED FOR ALL PERSONS INVOLVED, EXCEPT UNINJURED BUS PASSENGERS (1) VEHICLE # (list vehicle number as on DR447) (2) POSITION IN VEHICLE 14 Driver Passengers 3 6 9 Other ENCLOSED passenger/cargo area 10/11 11 Other UNENCLOSED passenger/cargo area 13 2 5 8 12 Sleeper section of truck cab 13 Trailer 12 Riding/hanging to exterior 4 15 Pedestrian 14 (3) RESTRAINT SYSTEM - USE 0 None used/not applicable 1 Shoulder belt 2 Lap belt 3 Lap and shoulder belt 4 Child safety seat 5 Bicycle helmet 6 Safety belt used improperly 7 Child safety seat used improperly 8 Helmets used improperly 9 Restraint used - type unknown (4) AIR BAG AVAILABILITY/FUNCTION Non-motorist 1 Not equipped 2 Deployed air bag 3 Non-deployed air bad (5) EJECTION PATH 0 Not ejected/not applicable 1 Through side door opening 2 Through side window 3 Through windshield 4 Through back window 5 Through back door/tail gate opening 6 Through roof opening (sunroof/ convertible top down) 7 Through roof (convertible top up) 8 Other path (eg., back of pickup truck) 9 Unknown (6) ALCOHOL SUSPECTED YES> 1 Preliminary breath test 2 Behavioral 3 Observed 4 Passive alcohol sensor 5 Other 6 Preliminary breath test NO> 7 Behavioral 8 Observed 9 Passive alcohol sensor 10 Other (7) TESTED FOR ALCOHOL 1 YES (8) OTHER DRUG SUSPECTED (excluding aspirin, nicotine, alcohol) YES> 1 Behavioral 2 Drug Recognition Technician 3 Other 4 Behavioral 5 Drug Recognition Technician 6 Other (9) TESTED FOR OTHER DRUGS 4 Other 1 Blood 2 Urine 3 Both 5 Not tested (1) (6) (8) NAME TAKEN TO (9) DATE EXPIRED/TIME